

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

10/826,919

Filing Date

April 16, 2004

First Named Inventor

Alexander Deiters

Group Art Unit

1656

Examiner Name

Kagnew H. Gebreyesus

Total Number of Pages in This Submission

Attorney Docket Number

54-000250US

## ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form  
☐ Fee Attached  
☒ Amendment / Response  
☒ Amendment and Request for Reconsideration  
☐ Affidavits/declaration(s)  
☒ Extension of Time Request  
☒ Receipt Acknowledgement Postcard  
☒ Information Disclosure Statement  
☐ Certified Copy of Priority Document(s)  
☐ Response to Missing Parts/Incomplete Application  
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☒ PTO-1449 Form  
☒ Cited References  
☐ Copy of PCT Search Report  
☒ Copy of EP Search Reports  
☐ CD, Number of CD(s) \_\_\_\_\_  
☐ Power of Attorney, Revocation Change of Correspondence Address  
☐ Terminal Disclaimer  
☐ Small Entity Statement  
☐ Request for Refund

- ☐ Interview Summary  
☒ Request for Continued Examination (RCE)  
☐ Request for Corrected Filing receipt  
☐ Copy of Filing Receipt – marked up  
☐ Replacement Application Data Entry Form  
☐ Additional Enclosure(s) (please identify below):

## Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stacy Landry, Reg. No. 42,779, Quine Intellectual Property Law Group, P.C.		
Signature			
Date	August 3, 2009		

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Sarah Jeromin		
Signature		Date	August 3, 2009

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

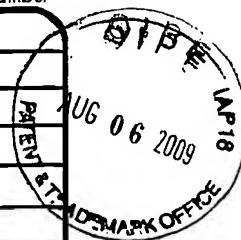
Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
For FY 2009☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1,480.00**

Complete if Known

Application Number	10/826,919
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First Named Inventor	Alexander Deiters
Examiner Name	Kagnew H. Gebreyesus
Art Unit	1656
Attorney Docket No.	54-000250US



## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): **Deposit Account**

☒ Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Other: **Request for continued examination**Other: **Request for 2-month extension of time**Other: **Information Disclosure Statement**

Other:

Other:

SUBMITTED BY

Signature

Registration No.  
(Attorney/Agent)

42,779

Telephone

510-337-7871

Name (Print/Type)

Stacy Landry

Date

August 3, 2009